



HOUSING DEVELOPMENT APPLICATION FOR FUNDING

for the
Community Development Block Grant Program
and
HOME Program

July 1, 2014 – June 30, 2015

Deadline for Receipt of All Applications
Friday, February 7, 2014
5:00 PM

Community Development Division
City of Greenville
6th Floor, City Hall
206 S. Main Street
Greenville, SC



APPLICATION FOR FUNDING
July 1, 2014 – June 30, 2015



PROPOSED PROJECT NAME:		
APPLICANT:		
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON/TITLE:		
E-MAIL ADDRESS:		
FEDERAL TAX ID#:		
ENTITY TO OWN THE PROJECT:		

CERTIFYING REPRESENTATIVE

To the best of my knowledge and belief, information in this application is true and correct and the governing body of this organization has duly authorized this document. I am authorized to negotiate and sign legal contracts for the organization.

NAME: <i>(Please Print)</i>	TITLE:
SIGNATURE:	DATE:

Applications are being accepted for funding for the
Rehabilitation and/or Construction of residential units which provide housing opportunities
for low- to moderate-income persons.

**All activities must be consistent with both the City of Greenville Neighborhood Master Plans,
Annual Action Plan and the 2010-2015 Community Development Consolidated Plan.**

All funding will be for activities within Greenville City limits.

Executive Summary – In the space below, please provide a brief, concise summary of the proposed project, including the site(s), partnerships, funding requested, resulting beneficiaries, resulting structures, etc.

Neighborhood(s) in which the resulting unit(s) will be located:

Type, Number and Price of resulting Affordable units

(check type, fill in amount for each):

____ Rental

Rent/month \$ _____

____ Home Ownership

Price range \$ _____

Total Cost of Proposed Project: \$ _____ Amount Requested from City: \$ _____

I. APPLICANT/OWNER INFORMATION

A. Type of Organization

____ For-Profit organization

____ Nonprofit organization

If Applicant is a nonprofit organization, attach as **Exhibit 1** a copy of each of the following:

- Articles of Incorporation*
- Bylaws*
- IRS 501(c)(3) determination letter*
- Current list of all members of the board of directors, including name, address, and beginning and ending dates of term

*** If a currently-funded partner with City, only submit if information has changed.**

B. Administrative Restrictions

Has the Applicant organization or partner/member received an unsatisfactory rating on a publicly-funded project or been debarred for any period of time?

☐ Yes ☐ No

Has the Applicant organization or partner/member been involved in any lawsuits?

☐ Yes ☐ No

Are there any outstanding judgments against the Applicant organization or partner/member?

☐ Yes ☐ No

Has the Applicant organization or partner/member been involved in mortgage default within the last 5 years on any federally or state funded project?

☐ Yes ☐ No

If any of the above responses was "Yes," provide a short explanation (attach additional sheets if necessary): _____

C. Audit

Attach as **Exhibit 2**, the Applicant's two most recent annual **audited** financial statements (or certified statement of Revenues and Expenses, or Partners/Members statements if there are no audits available for the Applicant organization). For nonprofits, also attach proof of approval of financial statements from the organization's board of directors. **(If the organization is a current, contracted partner with City, do not submit.)**

D. Experience

Attach as **Exhibit 3**, a description of the housing experience that the Applicant or partner/member has had within the last five (5) years. For each previous project include the name of the project, status of project, number of units, type of financing, and indicate whether financed with any public funds.

Describe the qualifications of partners in the development process. All roles and responsibilities in the development process should be outlined and assigned to qualified development team members.

Attach a list of all individuals associated with the Applicant or the ownership entity that have a reportable financial interest in the project. Detail the type of participation in the project, and percentage and dollar amount of financial interest in the project.

If applicable, describe the supportive services experience of the service provider. Please include the number of individuals currently receiving project-based supportive services from the Applicant.

II. PROJECT INFORMATION

For each activity for which program funds are being requested, submit one completed copy of Part II.

Amount of City Funds Requested:

\$_____ For New Construction

\$_____ For Rehabilitation

A. Address(es) of Project Site(s): _____

B. Type of Project Please choose the category that best describes the proposed project:

_____ Mixed-Income Homeownership (at least 70% LMI)

_____ Affordable Homeownership for LMI

_____ Mixed-Income Rentals (70% LMI)

_____ Affordable Rentals for LMI

See [Appendix A](#) for HOME rent limits.

C. Target Population For Housing with Supportive Services Projects: Identify below the type(s) of population(s) that will be residents of the project (e.g. homeless families with children, physically disabled children, mentally ill adults, persons with HIV/AIDS, persons with large families, etc). If relevant, please identify number or percentage of units reserved for certain populations.

D. Income Targets

_____ # of units affordable to households earning less than 30% of Area Median Income (AMI)

_____ # of units affordable to households earning 31-50% of Area Median Income

_____ # of units affordable to households earning 51-80% of Area Median Income

_____ # of units affordable to households earning in excess of 80% of Area Median Income

_____ Total # of units in proposed project

See [Appendix A](#) for a list of Area Median Incomes.

E. Affordability

In [Exhibit 4](#), describe how the project will protect the long term affordability of the units. Attach copies of deed restrictions, buy back clauses or evidence of other methods of preservation of affordability.

For how many years will affordability be protected? _____

F. Housing Units

Describe the housing unit configuration of the proposed project:

Number of Bedrooms	(a) No. of Units	(b) Square Feet per Unit	(c) No. of Bathrooms (note if shared)	(d) -Ownership- Purchase Price	(e) -Rental- Total Monthly Rent	(f) -Rental- Monthly Rent to be paid by resident	(g) -Rental- Monthly Rent Subsidy	(h) -Rental- Utilities*
Efficiency				\$	\$	\$	\$	\$
1 BR								
2 BR								
3 BR								
4 BR								
Total Units								

*If project is using Utility Allowances different from those calculated by the Greenville Housing Authority (Form HUD-52667), they must be documented by a similar project.

G. Utilities Configuration

Heat: ☐ Gas Forced Air ☐ Electric Heat Pump
☐ Electric Baseboard ☐ Other _____

Hot Water: ☐ Gas ☐ Other _____
☐ Electric

Air Conditioning: ☐ Window Units
☐ Central Air

H. Systems

Check the following existing systems that are adequate and available at the site:

☐ Storm Sewer ☐ Water ☐ Natural Gas
☐ Sanitary Sewer ☐ Electric

I. Support for Neighborhood Objectives

In [Exhibit 5](#), please document your project's conformance with the objectives in a published Neighborhood plan, Master Plan or relevant planning documents. Include official support from the respective neighborhood association(s) in the form of proof of meetings and presentations to neighborhood association members and official letters of support from representative neighborhood associations.

J. Environmental

Check any of the boxes that describe the site:

☐ Historic/archaeological significance ☐ Has asbestos
☐ In flood plain ☐ Has lead-based paint
☐ Adjacent to major highway/roadway ☐ Near railroad/airport
☐ Has hazardous waste ☐ Impact Local Wildlife
☐ Impact Wetlands

Attach a copy of a Phase I or Phase II Environmental Assessment if one has been completed on the site.

K. Site Control and Value

Check the box that best describes the form of site control held at the time of application. Include a copy of the appropriate document as **Exhibit 6**.

☐ Deed or other proof of ownership ☐ Long-term lease
☐ Executed Option to Purchase ☐ Other _____

If funding is being requested for acquisition of property, a copy of an appraisal of the land for new development or land and building(s) is required (include in Exhibit 6). The Community Development Division strongly recommends that the Applicant obtain an appraisal prior to securing site control in order to ensure a fair price.

L. Relocation

If the proposed project requires permanent or temporary relocation of individuals, households or businesses currently occupying the site, attach a relocation plan providing the information listed below. Attach as **Exhibit 7**. If the project does not require relocation, no attachment is necessary.

- The total number of units and the number of occupied units. Indicate whether the occupied units are owner- or renter-occupied units. Also describe nonresidential units in need of relocation.
- The number of occupants to be permanently relocated, the number to be temporarily relocated, the number that will remain and the plan for relocating all affected occupants.
- The estimated cost of any planned relocation as well as the source of relocation funding and the agency or organization overseeing the relocation process.
- An explanation of any residential or nonresidential relocations from the site in the past year.

Note: Compliance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 is required of all relocation activity funded with Community Development Block Grant and HOME funds.

M. Supportive Services Plan (For Housing with Supportive Services ONLY):

Note: Funding is only available for the rehabilitation and construction of housing. Do not attach agency materials. Provide the requested information in one or two pages.

Attach as **Exhibit 8**, a copy of the proposed project's supportive services plan. This plan must include:

1. The project's referral and tenant selection policies. Include an explanation of how tenants' need for supportive services are identified, along with a description of how individual service plans are developed and implemented.
2. A description of the service needs of the special needs population served by the proposed project. A detailed description of supportive services to be provided to residents must be provided, along with the name(s) of the agency(ies) that will be responsible for providing supportive services. The description must also include the qualifications of staff who will provide supportive services to project residents. How, when, how often, and where supportive services will be provided to residents should also be a part of the description.

The Applicant organization must include a statement indicating the length of the organization's commitment (in terms of time and resources) to ensure the provision of supportive services to the project.

Please include the number of individuals to whom the service provider currently provides supportive services.

3. An analysis of the success rate of the supportive services program. Example: *"Based on a five-year five-year follow up examination, 35% of the residents of our transitional housing program for homeless persons will achieve and maintain self-sufficiency for two years or more after leaving the leaving the facility."* Please include statistics.
4. If program fees other than rent and utilities will be charged to residents of the proposed project, describe the costs per month per unit (or per resident), what services and other expenses are covered by the fees, and any refund policy for residents leaving the program.

III. PROJECT DEVELOPMENT COSTS

A. Design

As **Exhibit 9**, attach the information requested in this section for each building constructed or acquired using City CDBG or HOME Program funds.

1. Provide a copy of preliminary site plans, building elevations, floor plans, preliminary work Write-ups, specifications or photos of project (include address for subject photos). If the project is approved, final site plans, elevations, floor plans, work write-ups and specifications, as well as detailed cost information, will be required.

(Note: If the Applicant has **extensive** site, building and floor plans, please provide basic, summarized plans, in order to reduce the amount of paper submitted.)

Proposals which involve adaptive re-use of a structure for residential use should include a scope of planned renovation work, including major systems being replaced and major alterations in building design.

Renovation proposals of residential structures should include a hazard inspection, structural inspection and a termite report. The hazard inspection should include, at a minimum, the identification of lead-based paint and asbestos in the building with a plan and budget for remediation. A physical needs assessment (PNA) should also be submitted to summarize the existing condition of all major systems in the building as well as fixtures, appliances, cabinetry, floor coverings, and paint. Recommendations on replacement and repair should be provided.

2. Provide a description of your procurement process for the architect, contractor, construction manager, etc. for the construction of this project. Include qualification requirements.

All projects funded through this application process must comply with the City of Greenville's Procurement Policy.

The contractor(s) used in the project must be a Qualified Residential Builder or General Contractor listed on the City's Approved Contractor List. A copy of the current list may be obtained by contacting Michael Williamson or Regina Wynder at (864) 467-4570. Applications for inclusion on the list may be found at <http://www.greenvillesc.gov/CommDev/FormsApplications.aspx>.

3. Development timetable for the project.
4. A description of how the project will promote energy efficiency and of any innovative construction methods or technologies that increase the structure's durability, security, and/or that promote efficient construction above Code requirements.

All residential development rehabilitation and new construction projects are required to comply with Energy Star Requirements. At a minimum, new construction must include the following Energy Star products:

- Energy Star qualified windows
- Five or more Energy Star qualified light fixtures, appliances, ceiling fans equipped with lighting fixtures and/or ventilation fans
- A minimum of 20% of all screw-in bulb sockets in the home should be fitted with compact fluorescent lamps (CFLs) which are Energy Star qualified.

For more information, please visit the Energy Star website at www.energystar.gov.

5. Landscape Requirements. A description of how the development will comply with minimum landscape requirements. Examples of elevations with landscape plans and planting schedules are found in **Appendix B**.

B. Finances

1. In **Exhibit 10**, provide the following:
 - proposed development budget, including acquisition cost of property,
 - sources and uses, including proposed terms for City funding and sale of property,
 - one year operating budget,
 - 5 year Project Cash Flow, including rental subsidy and reserves,
 - all sources that have been contacted for funding and the results of those requests, and
 - any letters of commitment for project development funding, including construction financing.

ALL REQUESTED FINANCIAL DOCUMENTATION MUST BE INCLUDED IN YOUR EXHIBIT.

For questions regarding requested documents, please contact the Community Development division prior to the application deadline.

2. **Exhibit 11: (LIHTC/Bond projects only)**

For Projects which have submitted a preliminary application to the SCFHDA LIHTC/Bond financing programs, please submit a copy of the Tier One application form (without the attachments).

APPLICATION DEADLINE **FRIDAY, FEBRUARY 7, 2014 - 5:00 PM**

Please submit one original, paper- or binder-clipped, unbound application. Do not staple or bind.

- Application must be submitted without adjustments to font or pagination. *Do not change or re-align the application format.*
- Exhibits must be included as separate items in numerical order.
- Answer all questions in spaces provided unless exhibits are allowed. For assistance, please contact

Ginny Stroud at (864)467-4568 (e-mail: gstroud@greenvillesc.gov)
Yvonne Simpson at (864)467-4567 (e-mail: ysimpson@greenvillesc.gov), or
Michael Williamson at (864) 467-4416 (e-mail: mwilliamson@greenvillesc.gov.)

- Exhibits must be included as separate items in numerical order.

APPENDIX A

FY2014 Income Limits

Greenville County, South Carolina									
Median Income	FY 2014 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$58,200	Very Low Income Limits (50%)	\$20,400	\$23,300	\$26,200	\$29,100	\$31,450	\$33,800	\$36,100	\$38,450
	Extremely Low Income Limits (30%)	\$12,250	\$14,000	\$15,750	\$17,450	\$18,850	\$20,250	\$21,650	\$23,050
	Low Income Limits (80%)	\$32,600	\$37,250	\$41,900	\$46,550	\$50,300	\$54,000	\$57,750	\$61,450

Source: <http://www.huduser.org/portal/datasets/il/il2013/2013summary.odn>

2013 HOME Rent Limits (Effective Date: June 1, 2013)

Final FY 2013 Fair Market Rents By Unit Bedrooms					
	<u>Efficiency</u>	<u>One-Bedroom</u>	<u>Two-Bedroom</u>	<u>Three-Bedroom</u>	<u>Four-Bedroom</u>
Final FY 2013 FMR	\$478	\$603	\$715	\$948	\$1,123

Source: <http://www.huduser.org/portal/datasets/fmr/fmrs/docsys.html&data=fmr13>

APPENDIX B

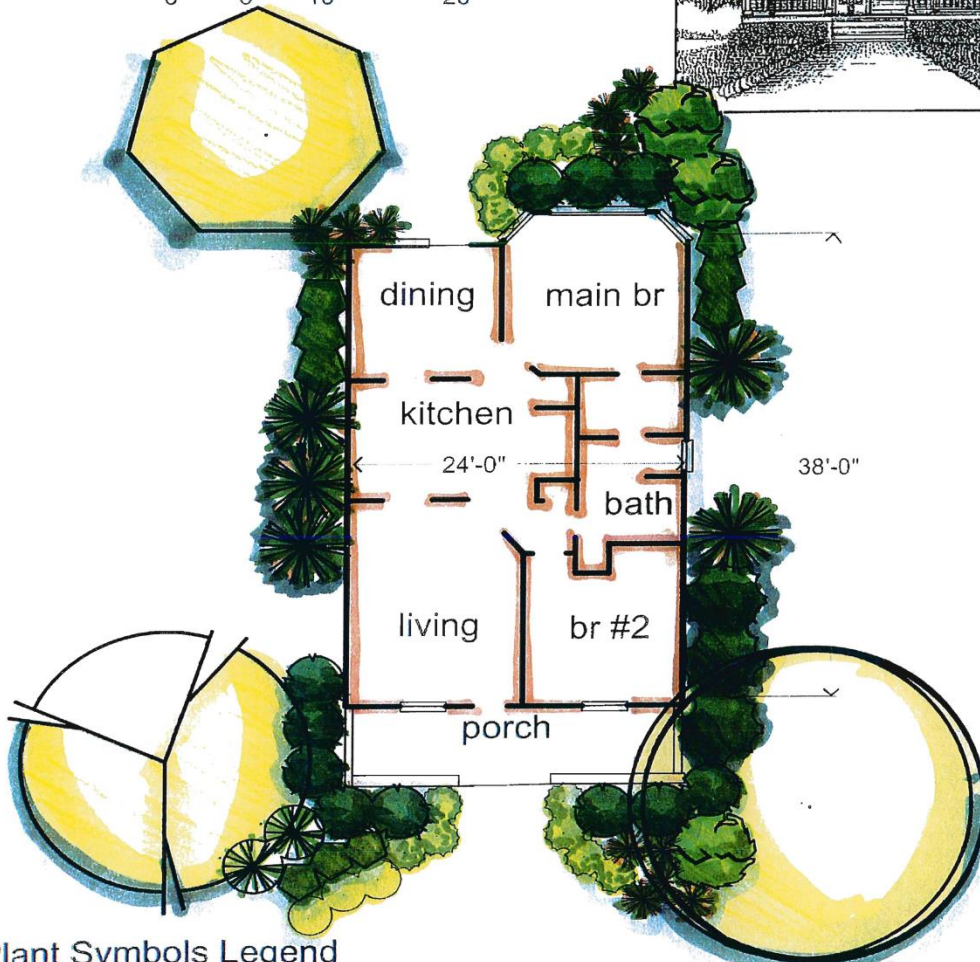
Landscape Guideline Examples

Green Avenue House Plan #1

892 Heated Sq. Ft.

Scale 1" = 10'

0 5 10 20



Plant Symbols Legend



Large Shade Tree



Medium Tree (15-25')



Medium Tree (15-25')



6' Evergreen Shrub



6' Evergreen Shrub



4' Evergreen Shrub



4' Evergr. or Decid. Shrub



6' Deciduous Shrub



4' Evergreen Shrub



3' Perennial



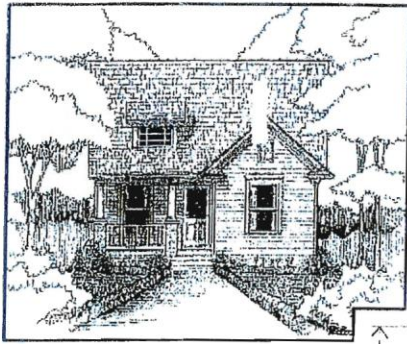
3' Grass



3' Grass or Perennial

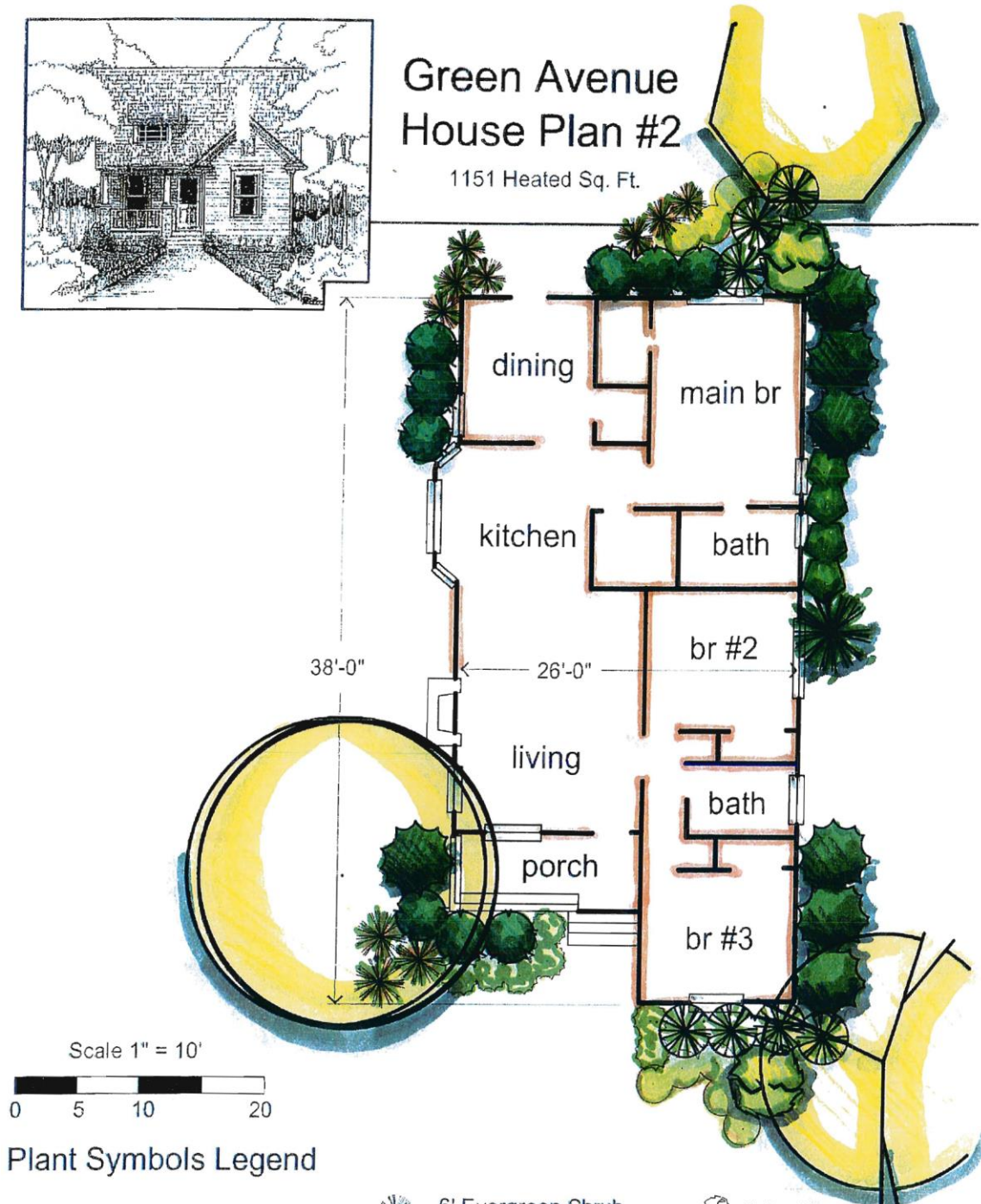
EXHIBIT A
SAMPLE
SCHEDULE

Green Avenue Neighborhood: Landscape Templates						
House Plan 1 - 892 SF			Revised 8/29/2010			
Large Tree						
Quantity	Common Name	Scientific Name	Minimum Size & Spec	Cost	Total	Notes
1	Blackgum	Nyssa sylvatica	3" caliper at dbh	150	150	
Small/Medium Tree						
Quantity	Common Name	Scientific Name	Minimum Size & Spec	Cost	Total	Notes
1	Smokebush	Cotinus coggygia		95	95	
1	Eastern Redbud	Cercis canadensis		75	75	
Evergreen Shrub						
Quantity	Common Name	Scientific Name	Minimum Size & Spec	Cost	Total	Notes
5	Wax Myrtle	Myrica cerifera	6' spacing	11	55	
3	Leucothoe	Leucothoe spp.	6' spacing	16	48	
2	Viburnum	Viburnum spp.	4' spacing	16	32	
Deciduous Shrub						
Quantity	Common Name	Scientific Name	Minimum Size & Spec	Cost	Total	Notes
11	Virginia Sweetpire	Itea virginica	4' spacing	16	176	
9	Spirea	Spirea spp.	4' spacing	12	108	
3	Oakleaf Hydrangea	Hydrangea quercifolia	6' spacing	12	36	
Perennials/Grasses						
Quantity	Common Name	Scientific Name	Minimum Size & Spec	Cost	Total	Notes
4	Switchgrass	Panicum virgatum	3' spacing	3	12	
6	Purple Coneflower	Echinacea purpurea	3' spacing	6	36	
6	Coreopsis	Coreopsis spp.	3' spacing	6	36	
3	Indian Rush	Sorghastrum nutans	3' spacing	6.5	19.5	
8	Inland Sea Oats	Chasmanthium latifolium	3' spacing	3.5	28	
				Total	\$906.50	



Green Avenue House Plan #2

1151 Heated Sq. Ft.



Plant Symbols Legend

- | | | |
|----------------------|----------------------------|-----------------------|
| Large Shade Tree | 6' Evergreen Shrub | 6' Deciduous Shrub |
| Medium Tree (15-25') | 6' Evergreen Shrub | 4' Evergreen Shrub |
| Medium Tree (15-25') | 4' Evergreen Shrub | 3' Perennial |
| | 4' Evergr. or Decid. Shrub | 3' Grass |
| | | 3' Grass or Perennial |

EXAMPLE STUDENT

EXAMPLE SCHEDULE

Green Avenue Neighborhood: Landscape Templates						
House Plan 3 - 704 SF						
Large Tree						
Quantity	Common Name	Scientific Name	Minimum Size & Spec	Cost	Total	Notes
1	River Birch	Betula nigra		150	150	
Small/Medium Tree						
Quantity	Common Name	Scientific Name	Minimum Size & Spec	Cost	Total	Notes
1	Eastern Redbud	Cercis canadensis		75	75	
1	American Plum	Prunus americana		85	85	
Evergreen Shrub						
Quantity	Common Name	Scientific Name	Minimum Size & Spec	Cost	Total	Notes
3	Yaupon Holly	Ilex vomitoria	6' spacing	10	30	
3	Leucothoe	Leucothoe spp.	6' spacing	16	48	
3	Viburnum	Viburnum spp.	4' spacing	16	48	
Deciduous Shrub						
Quantity	Common Name	Scientific Name	Minimum Size & Spec	Cost	Total	Notes
2	Fothergilla	Fothergilla major	6' spacing	15.5	31	
8	American Beautyberry	Callicarpa americana	4' spacing	15.5	124	
11	Spirea	Spirea spp.	4' spacing	12	132	
Perennials/Grasses						
Quantity	Common Name	Scientific Name	Minimum Size & Spec	Cost	Total	Notes
6	Switchgrass	Panicum virgatum	3' spacing	3	18	
6	Inland Sea Oats	Chasmanthium latifolium	3' spacing	3.5	21	
5	Black-eyed Susan	Rudbeckia spp.	3' spacing	6	30	
5	Autumn Fern	Dryopteris erythrosora	3' spacing	6	30	
				Total	\$822.00	

APPLICATION CHECKLIST

Tip: Have another staff person or third party check off this list by reviewing each application section for completeness.

☐ **Cover Sheet**

☐ **Executive Summary**

I. APPLICANT/OWNER INFORMATION

☐ **A. Type of Organization**

☐ **Exhibit 1 Documents**

☐ **B. Administrative Restrictions**

☐ **C. Audit**

☐ **Exhibit 2 Documents**

☐ **D. Experience**

☐ **Exhibit 3 Description**

II. PROJECT INFORMATION

☐ **Amount requested, type of project and years needed**

☐ **A. Address of Project Site**

☐ **B. Type of Project**

☐ **C. Target Population**

☐ **D. Income Targets**

☐ **E. Affordability**

☐ **Exhibit 4 Description**

☐ **F. Housing Units Chart**

☐ **G. Utilities Configuration**

☐ **H. Systems**

☐ **I. Support for Neighborhood Objectives**

☐ **Exhibit 5 Documents**

☐ **J. Environmental**

☐ **K. Site Control and Value**

☐ **Exhibit 6 Document**

☐ **L. Relocation**

☐ **Exhibit 7 Description**

☐ **M. Supportive Services Plan (For Housing with Supportive Services Only)**

☐ **Exhibit 8 Description**

III. PROJECT DEVELOPMENT COSTS

☐ **A. Design**

☐ **Exhibit 9 Documents**

☐ **B. Finances**

☐ **Exhibit 10 Documents**

☐ **Exhibit 11 Document**